It’s well known that we in dentistry can change people’s lives through cosmetic or neuromuscular dentistry, building their self-esteem or eliminating a lifetime of CMD pain.

I’ve always said we are blessed to be in a profession that is so important, where we can change people’s lives for the better. There are not many occupations out there than can say that.

But what is less known is dentistry’s ability to save people’s lives. What could be more powerful than that? Of course, I’m talking about treating obstructive sleep apnea (OSA), which takes the lives of so many people every year.

Most patients who suffer from OSA are unaware of this condition. To make matters worse, their physicians focus on the co-morbidities they present with, such as high blood pressure, GERD, etc. The physician then prescribes cures for such co-morbidities without looking for a root cause.

Also, statistics show that nearly 85 percent of physicians who are not sleep specialists do not even “screen” for OSA. I would like to share a very personal experience with this aspect of dentistry. My brother was OSA positive. He had gone to a sleep physician who sent him for a PSG and found he had an AHI of 36.4, which became 53.3 during REM sleep.

For those of you unfamiliar with these terms, that indicated my brother had severe obstructive sleep apnea. His lowest O2 saturation was 71 percent. Obviously, he was in the risk category for an early death.

He was prescribed a CPAP, which he hated and wasn’t wearing regularly, but it got his AHI down to 10. However, it was pretty much worthless if he wouldn’t use it during sleep.

I made my brother an LVI Somnomed (lingualless), which he loved. But I had him do both CPAP and the appliance for a while. This was all done last February (a year ago), and he reported he felt great. Recently, he informed me he was no longer using the CPAP, just the appliance I made him, and we scheduled him to be retested.

His AHI was 4.8! That’s right — normal! His average O2 saturation was 95.3 percent with the lowest being 87 percent. Also, making it even better is that he only slept on his back 6.7 percent of the time, but that amounted to an AHI of 18 percent during these times compared to his 3.9 percent for non-supine positions (most of the time he slept on his left side).

If he can prevent himself from sleeping on his back, he would be even better off. It should be noted that we took the bite in his LVI neuromuscular position, and he only titrated the appliance 0.8 mm forward from that position.

For those of you who treat OSA, you will realize that is amazing. He has no trouble getting his teeth together after using the appliance and is totally comfortable while using it with no adverse symptoms.

I would encourage every dentist out there to get involved in this area of treatment for your patients and would encourage all of you to take the “Physiologic Approach to Dental Sleep Medicine” at LVI to learn how to do this properly. All sleep programs are not the same.

Many of you know that our tagline at LVI is “Changing lives daily.” We should add, “Saving lives daily!”

More information
For more information on LVI and its "Physiologic Approach to Dental Sleep Medicine," go online to www.lviglobal.com.

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